

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21777

1. Entity Name

THE CALICO STATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90202 019 ***158.75

Principal Place of Business

Mailing Address

~~1855-0 WELLS RD~~
 ORANGE PARK FL 32073
 US

C/O DAVID KING
 1416 KINGSLEY AVENUE
 ORANGE PARK FL 32073-4509
 US

2. Principal Place of Business

1857-9 Wells Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2105326

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, DAVID A.
 ATTORNEY AT LAW
 1416 KINGSLEY AVE
 ORANGE PARK FL 32073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME ~~HEYN, FAYE B.~~
 STREET ADDRESS ~~2328 TWEED CT~~
 CITY-ST-ZIP ~~ORANGE PARK FL~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME ~~HEYN, GEORGE ALLAN~~
 STREET ADDRESS ~~2328 TWEED CT~~
 CITY-ST-ZIP ~~ORANGE PARK FL~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME DP
 STREET ADDRESS Bainbridge, Martha P.
 CITY-ST-ZIP 2599 Ridgecrest Avenue
 Orange Park, FL 32065

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME DST
 STREET ADDRESS Allen, Carolyn A.
 CITY-ST-ZIP 2747 Via Baya
 Jacksonville, FL 32223

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D VP
 STREET ADDRESS Higginbotham, Pamela P.
 CITY-ST-ZIP 968 Lakeridge Drive
 Orange Park, FL 32065

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martha P. Bainbridge*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)